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MICHAEL O. SCHEINBERG
Patent Attorney

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December 19, 2005

Fax

Name: Examiner Michael T. Cygan
Art Unit: 2855
Organization: United States Patent and Trademark Office
Fax: 1-571-273-8300

From: Michael O. Scheinberg
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Date: December 19, 2005
Subject: Response to Office Action
Docket No.: F033-3
Pages: 17 (including this coversheet)

APPLICATION No.: 10/763,061 ART UNIT: 2855
FILING DATE: January 22, 2004 EXAMINER: Michael T. Cygan
INVENTOR(S): Randall Lee, Thomas Owen Mitchell and J. J. L. Mulders
TITLE: Directed Growth of Nanotubes on a Catalyst

Attached please find:

1. Response to September 7, 2005 Office Action (11 p.)
2. Petition for 1 month Extension of Time (1 p.) (in duplicate)
3. Fee Transmittal (1 p.) (in duplicate)
4. PTO-2038 (1 p.)

Michael O. Scheinberg
Patent Reg. No.: 36,919

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DEC 19 2005

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

320.00

Complete if Known

Application Number	10/763,081
Filing Date	January 22, 2004
First Named Inventor	Lee, Randall
Examiner Name	Cygan, Michael T.
Art Unit	2855
Attorney Docket No.	F033-3

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-1635 Deposit Account Name: Michael O. Scheinberg

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

5 - 3 or HP = 1 x 200 = 200.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for One Month Extension of Time

120.00

SUBMITTED BY

Signature	Registration No. 38,919	Telephone (512) 328-9510
Name (Print/Type) Michael O. Scheinberg	(Attorney/Agent)	Date December 19, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/H7 (12-04v2)

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2. EXCESS CLAIM FEES**Fee Description**

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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 or HP =	x	=		Fee (\$)

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Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

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